Suicide

Unemployment and suicide

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How is your work going?

The prevention of suicidal behaviour is still a land of hopes and promises but not of certainties. In fact, Western countries are facing a general decline in suicide rates that seems unrelated to any national plan aimed at obtaining the desired outcomes in those situations that are known to be associated to suicidal behaviour.[1] General improvement in living conditions, better access to care, and more effective treatments of mental disorders are the most probable reasons for the recent decrease in suicide rates in many countries. However, the most recent financial-economic turmoil and the current threatening climate of permanent war will have a foreseeable impact on the standard of living, the consequences of which are still to be evaluated.

Socioeconomic events are known to produce important fluctuations in suicide mortality. Unemployment, in particular, seems related to suicide risk along direct and indirect pathways. Blakely and coworkers' paper in this issue[2] adds to evidence indicating a causal association between unemployment and suicide. Their results indicate that this association is not attributable to confounding factors linked to the socioeconomic status and that it is only partly related to health selection or mental disorders. Statistical analyses permit the authors to calculate that mental illnesses account for about half of the deaths, however the effect of unemployment cannot be discounted solely on this basis. In longitudinal studies unemployment predates symptoms of depression.[3] Moreover, the lack of economic independence as a result of unemployment reduces the possibility of using social and health services appropriately: this may prejudice compliance with therapeutically prescribed treatments, contributing to a worsening in the course of a mental disorder.

The most disruptive effect of unemployment, however, acts on social ties at both individual and community level. Measures of social fragmentation, indeed, were found to predict the risk of death by suicide and alcohol related diseases.[4]

Socioeconomic variables are likely to contribute to the impact of employment status on suicide. In the USA, the lower the socioeconomic status, the higher the suicide risk. However, unemployment adds independently to suicide risk in both men and women.[2 5] Other recent studies found that exposure to unemployment is related to suicidal ideation and behaviour, even when taking into account known psychosocial confounding factors and reverse causality.[6] Unemployment, therefore, should be considered a true risk factor for suicide.

To exploit this increased awareness of the role of unemployment in the pathways to suicide, however, we need to infuse a creative effort that may take us a little ahead of common sense.

At a first glance, it would seem that the role of clinicians and researchers in fostering public awareness on the role of social factors in negative psychological outcomes would merely end in supporting public welfare programmes. However, suicide rates were found to increase over time in the states that had reduced their per capita expenditure for public welfare; conversely, states that spend more on public welfare also have lower suicide rates.[7]

This is not, however, the whole story. A closer look at the pathways from unemployment to psychological maladjustment and—hence—to suicide could permit the definition of reasonably practicable strategies aimed at preventing the most negative outcomes.

Job loss usually comprises a whole sequence of stressful events, from anticipation of job loss, to job search, and training for re-employment, when possible. Exclusion from ordinary living patterns, customs, and activities arising from a lack of resources adds independently to the stress caused by job loss, and further increases the risk of depression and subsequent suicide. It is therefore mandatory, whenever a lasting period of unemployment is foreseeable, particularly when middle aged people encounter job loss because of factory closure, to supply a psychological counselling service that may replace the informative, emotional, and material supportive resources diverted by unemployment.

Some pioneering studies found that psychological counselling programmes could prevent the decline in self esteem and mood that generally occurs after being made unemployed.[8] Although such a service might be seen by trade unions as an attempt to counteract naturally occurring workers' rage, and deprive them of the emotional energies useful to carry on conflicts for employment, as perhaps the poorest protocols provide for, a sympathetically lead programme could permit maintaining an adequate psychosocial functioning and the early identification of the most severe disorders, thus preventing their worst outcomes.

Moreover, as it implies a contraction of a person's social network and a relevant change in the time structure in daily life, job loss may lead to a reduction in surveillance that, together with the availability of lethal means, is another key element in suicide, particularly among mentally troubled people. An effort to provide families with adequate information on this topic could be implemented through first level health resources—that is, the network of general practitioners.

Unemployment is also a considerable source of social stress leading to increased family tensions, increased isolation from others, and the loss of self esteem and confidence. The loss of employment, indeed, implies the loss of social contact and activity, and often leads to the severing of social ties. A well integrated social network plays an important protective part in maintaining mental health, offering support, guidance and assistance, favouring compliance with medical or psychiatric treatment and offering swift aid in the case of a self destructive act. Again, increasing access to health services and resources might reduce the negative impact of job loss. Multiplying the points of entry to the health network, even using the still unexplored potentiality of the internet, ought to favour access to treatment when necessary.

A different set of explanations, grouped under the "health selection" hypothesis, asserts that poorer health by itself, including poorer mental health, increases the risk of unemployment: thus, having a disorder that implies a higher risk of suicide would also lead to unemployment. Even assuming this explanation, which Blakely and coworkers' paper seems to discount, providing support and working opportunities to mentally suffering patients would protect them from the risk of suicide. In a 20 year prospective study on a large sample of psychiatric outpatients, unemployment was the most evident social factor that had an impact on suicide risk together with clinical ones, such as suicide ideation, and major depressive and bipolar disorders.[9] Whenever possible, any effort should be done to keep all the patients with a mental disorder employed.

Paying attention to the immediate health consequences of unemployment also could produce lasting positive effects on public spending. It is interesting to see that growing financial difficulties,

which are likely to be linked to rising unemployment rates, are also associated to an increased use of public funded facilities. From 1988 to 1994, for example, the number of patients discharged from US hospitals with a diagnosis of a mental illness increased from 1.4 to 1.9 millions over the whole period.[10] In particular, the rate of discharges with a diagnosis of a severe mental illness significantly increased from 196 to 314 per 100 000 of the general population. It seems that the change in mental health care provision that occurred in the USA with the institution of the Medicaid program diverted the most severe patients to the public sector, so that public programmes have increasingly replaced private insurance as the most important source of payment in the USA.

Being creative in counteracting the most negative consequences of unemployment could therefore usefully interlace with current active public health programmes, which emphasise costs containment and saving. Any effort will be in vain, however, if the clinicians fail to use the most sensitive instrument they have: the ability to listen to patients and their families' complaints. Always ask: how is your work going?

J Epidemiol Community Health 2003;**57**:557–558

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Suicide

Unemployment and suicidal behaviour

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The role of economic policy

In the mid-1980s, Stephen Platt published two reviews of the literature that indicated that unemployment was associated with an increased risk of completed suicide and an increased risk of attempted suicide (sometimes referred to as parasuicide).[1 2] As we have pointed out, the association between unemployment and suicidal behaviour seems to be more reliable at the individual level than at the aggregate level.[3] For example, in time series studies of 14 nations with available data for the period 1950–1985, Lester and Yang found a positive association between unemployment and completed suicide rates in only 10 nations, and this association was statistically significant in only four nations.[4]

The article by Tony Blakely and his colleagues in this issue of the journal provides excellent support for the association between unemployment and completed suicide at the individual level.[5] The use of national records in a single country for over 2 million 18–64 year olds provides a sample far greater than samples used in previous research, and the inclusion of control variables makes the conclusions of the study more meaningful.

For future research, there are several issues that need to be addressed. Firstly, the discrepancy between the results of studies at the individual level and at the aggregate level needs to be addressed. Why do time series studies of unemployment and suicide rates fail to find a consistent association, an inconsistency found also in cross sectional studies over, for example, regions within a county? This discrepancy between the results of what we have called macrosocionomic and microsocionomic research designs[6] is common to many phenomena in the social and behavioural sciences and raises difficult problems for sociological theories.

Secondly, the role of mental health in the association between unemployment and suicidal behaviour needs to be explored further. Does unemployment increase the risk of serious psychiatric problems that in turn increase the risk of suicidal behaviour or, alternatively, are those with psychiatric problems more likely to become unemployed and also more likely to engage in suicidal behaviour?

Ezzy has noted, in his review of the association between unemployment and mental health, that unemployment does not always result in worse mental health.[7] Indeed, a minority of people show an increase in psychological well-being once they become unemployed. For which people does unemployment have a deleterious impact (including an increased risk of suicidal behaviour) and for which people does it have a beneficial impact?

Blakely and his colleagues in their article in this issue, using indirect methods, argue that about half of the increased risk of death from suicide is attributable to the mediating role of the increased level of mental illness. Eventually, the issue of the role of mental illness in the association between unemployment and suicidal behaviour can be resolved only by a study of people who receive adequate psychiatric evaluations while employed and subsequently when unemployed, together with appropriate control groups.

The association between unemployment and suicidal behaviour also raises another issue, one concerning public policy decisions. At the present time, before construction projects are approved by governments (local and national), environmental impact statements are demanded and, if the environmental impact is considered to be too harmful, the project may be delayed and even forbidden. Threatening the extinction of a rare species or introducing toxic chemicals into the local environment are the kinds of impacts that can thwart a project.

Economic decisions made by local and national governments apparently have an impact on people. In the present instance, unemployment seems to lead to an increased mortality from suicide. It is clear, therefore, that economic policy